

Goals	Objectives	Performance Indicator	Data Source	Accountability (Departments/Services)	Progress/Action Plan/Current Status	Aligned with...
a) Implement a system of “Supportive technology (HIS/MIS)” that engages patients and families directly in the process of care by facilitating information access and communication with their caregivers.	Participate in regional HIS planning & Implementation sessions	Ensure PSFDH readiness for implementation of the HIS fulfilling organizational expectations and milestone (clinical and financial (budget) milestones)	Internal Audit	Sr. Leadership, Management Team, Physicians & Employees	PSFDH continues to participate in all HIS planning meetings	Partnership Agreement
	Implementation of virtual health care services	Develop and promote utilization of a virtual health care service to improve access to healthcare services	Internal Audit	Sr. Leadership	No progress to report at this time	HSAA
b) Improve Transition and continuity in terms of information that will help patients care for themselves away from a clinical setting, and improve coordination, planning and support to ease transitions	Survey Obstetrical patients prior to discharge to support transition in care	Target - <u>> 80% highly or very satisfied rate</u>	Internal Audit	VP Clinical Services/CNE, Manager of Obstetrics	100% highly satisfied	BSC
	Survey surgical patients to determine if they received information upon discharge to support transition	Target - <u>> 80% highly or very satisfied rate</u>	Follow-up Phone Calls	VP Clinical Services/CNE, Manager of Surgical Services	100% highly satisfied	BSC
	Survey acute care satisfaction	Overall acute care satisfaction survey from Emergency and inpatient units utilizing the identified OHA survey process	External Audit	VP Clinical Services/CNE, Manager of ER/ICU, Manager of Medicine/Surgery	59.6% The survey sample size has significantly decreased which has impacted our results.	BSC

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c) Increase collaboration. Patients and families are also included on a hospital wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in health care facility design; in organizational development; and in the delivery of care.	Patient & Family Advisory Council review patient educational material	PFAC will review discharge educational information for patients from two in-patient units	Internal Audit	VP Clinical Services/CNE, Manager of Quality, PFAC	PFAC is currently reviewing the documents	BSC
	Ongoing Review of Patient Satisfaction Surveys	PFAC participation with reviewing Patient Satisfaction Surveys to support improvement strategies	Internal Data	VP Clinical Services/CNE, Manager of Quality, PFAC	PFAC continues to review	BSC
	Patient & Family Advisors will engage in the hospital Accreditation process	PFAC members will participate on Accreditation committees to support the survey process	Internal Data	Sr. Leadership & PFAC	PFAC assigned accreditation teams	Quality
d) Engage patients, families, care providers and the community to support the design of programs and services which meet their informed needs	PFAC engagement with Ontario Health Team discussions	Ongoing engagement of PFAC with OHT Lived Experience Network	Internal Audit	Sr. Leadership & PFAC	PFAC identified to participate	BSC
e) Continually improve process and procedures which are evidence- based to improve patient safety	Hospital Accreditation Status from Accreditation Canada	Achieve accreditation status from Accreditation Canada	Accreditation Canada	Board, Sr. Leadership, Management Team, Physicians & Employees	Continue to work on preparation	Quality
	Trillium Gift of Life Network (TGLN) reporting rate	Achieve a reporting rate of $\geq 80\%$	Internal Audit	VP Clinical Services/CNE, Manager of Quality	Ongoing education continues TGLN Q2: 75%	BSC
	Increase utilization of Standardized Order Sets	Increase the rate of use of standardized order set where one exists for a specific diagnosis by 20%	Internal Audit	Manager of Professional Practice	Continue to expand order set availability	Quality
	Monitor and improve key performance indicators for patient safety	Hand hygiene rate will remain over 80%	Internal Audit	Manager of Quality	89% for the month of September	Quality

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f) Design care and programs that meet the quality benchmarks for quality based procedures	Quality Based Procedures (QBP) - Elective / Non elective	Surgical services will meet will the volume performance targets for elective & non-elective QBPs (100%)	Internal Audit/CIHI	Sr. Leadership, Manager of Operating Room	Continue to work towards fiscal target	HSAA
	Quality Based Procedures (QBP) – Cancer Care Ontario (CCO) - Endoscopy and surgical non elective	Surgical services will meet will the volume performance targets for endoscopy surgical non-elective (100%)	Internal Audit/CIHI	Sr. Leadership, Manager of Operating Room	Continue to work towards fiscal target	Cancer Services Agreement
g) Explore the potential of appropriate clinical services/programs that would increase or stabilize market share and improve funding stability	Increase QBP volumes through regional partnerships to support surgical recovery & improve access to care	Collaborate with regional partners to increase volumes for cataracts, arthroscopy, cystoscopy & spine surgery	Internal Audit	Sr. Leadership, Manager of Operating Room	Ongoing collaboration with KHSC to expand numbers	HSAA
	Identify sustainability and growth of clinical services to meet the needs of the community	Completion of the new strategic plan	Internal Audit	Board Sr. Leadership Management Team	Preliminary discussion completed	Quality
h) Explore opportunities to decrease debt	Continue to advocate for increased hospital funding including operating, capital (equipment and infrastructure)	Participate in the OHA medium size hospital council to support increased HSFRR funding Advocate for base budget increase from Ministry of Health/Ontario Health	Audited Financial Statement	Sr. Leadership	Ongoing participation with medium sized hospitals/OHA	HSAA
	Ability to financially course correct proactively through a variance methodology and action plan	Development and implementation of budgetary variance reporting and corrective strategy process	Internal Data	Sr. Leadership, Department Managers	Continue with developing strategies	HSAA BSC

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i) Look for opportunities to partner appropriately and promote integration from patient journey perspective	Continue to work collaboratively with the Home & Community Care Support Services	Weekly meetings with Home & Community Care to support transition of care from hospital	Internal Audit	VP, Clinical Services/CNE, Manager of Quality	Ongoing discussions	BSC
	Continue to partner with LLG Ontario health teams	Senior Leadership representation at monthly meetings to support OHT development.	Internal Audit	President & CEO, VP Clinical Services/CNE	Continue with participation	HSAA
	Continue to partner with the Public Health Unit and region to support COVID strategies	PSFDH attendance at ongoing monthly discussions with the region, community partners and Public Health Unit	Internal Audit	President & CEO, VP Clinical Services/CNE, Management team	Continue with participation	Quality
j) Engaging physicians to promote a collaborative environment and encourage physicians to remain involved in hospital services and to participate in creating seamless health care transitions for our patients and families.	Regular engagement activities between medical staff and board to enhance communication & partnerships	PSFDH board will host two medical staff meetings/year to facilitate ongoing communication and engagement	Internal Audit	Board of Directors, Chief of Staff, President & CEO, Medical Staff	Zero meetings scheduled	Quality
	Provide regular and ongoing financial updates to the medical staff to communicate/ share financial information	VP, Finance/CFO and CEO to provide regular (semi-annual) financial reporting updates at medical staff meetings	Internal Audit	President & CEO, VP Finance & support Services, Chief of Staff	Currently in the planning process	Quality
	Continue to engage physicians with Ontario Health Team (OHT) discussions & participation	Support the OHT in the implementation of a local primary care network	Internal Audit	Sr. Leadership	Ongoing discussions	HSAA
	Continue to build dyad leadership partnership model with physician leaders and department managers	Regular meetings – Between physician leaders and managers	Internal Audit	COS	Some areas have been completed	Quality
	Continue with physician leadership development programs and opportunities	Complete one leadership course	Internal Audit	COS	Planning in progress	Quality

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k) Engaging our employees to support the goal of being a work place of choice.	Support the retention of nursing during this period of a provincial nursing shortage	Retain a nursing retention rate of 80%	Internal Audit	Sr. Leadership, Manager Human Resources	The RN retention rate for Q2 was 96.8%	BSC
	Employee and Family Assistance Program (EFAP) education sessions	Increase EFAP education sessions Target: Greater than 2 sessions	Internal Audit	VP Clinical Services/CNE, Manager Human Resources	One session has been completed	Operational Plan
	Support the completion of corporate performance appraisal completion	Complete a corporate performance appraisal completion rate of 80%	Internal Audit	Sr. Leadership Manager Human Resources	Work in progress	Operational Plan
l) Engaging our patients, families and community through proactive interactions and commitment to our goal of being a renowned Patient and Family Centred environment	Provide ongoing communications utilizing social media	Monthly social media announcements Target: Greater than 1 announcement per week	Internal Data	Sr. Leadership PFAC	Continue to post announcements	Operational Plan
	Continue to address complaints/concerns to improve environment	Address all complaints within 48 hours Target: Greater than 90% complaints	Internal Data	VP Clinical Services/CNE Manager Health Records PFAC	Continue with 100% performance	Operational Plan
m) Effective engagement of partners in relationships that support capital fundraising and enhance the hospital's image in the community.	Provide regular updates to foundation and auxiliaries	Target: Greater than 2 occurrences for each agency	Internal Data	Board of Directors Sr. Leadership	Ongoing communication	Operational Plan Communication Plan
	Improved awareness and public engagement regarding hospital's ten year capital planning and needs through the Liaison Committee	Municipal Campaign (Core Capital Program) outreach Target: Greater than 1 delegation for each municipality and quarterly updates	Internal Audit	Board of Directors	Currently in the planning phase	Communication Plan